	ID DI AN OF CORRECTION . IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			D WING		F	
		MHL040-007	B. WING	08/27/20		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DOGWO	OD		WOOD LANE LL, NC 2858			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000			
	on August 27, 2021 This facility is licens category: 10A NCA	w up survey was completed . Deficiencies were cited. sed for the following service AC 27G .5600C Supervised h Developmental Disabilities.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	only be administered order of a person and drugs. (2) Medications shat clients only when and client's physician. (3) Medications, include administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Administer current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for a (D) date and time the (E) name or initials drug. (5) Client requests to checks shall be recorded.	inistration: non-prescription drugs shall d to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the sluding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. Iministration Record (MAR) of led to each client must be kept administered shall be lely after administration. The				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL040-007	B. WING			R 27/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE			
DOGWO	OD	212 DOG	WOOD LANE	<u> </u>			
DOGWO	OB	SNOW H	ILL, NC 2858	30			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 118	Continued From pa	ge 1	V 118				
	failed to ensure block recorded on the MA findings are: Review on 8/04/21 - 48 year old male at a Diagnoses included Intellectual/Develop seizure disorder; in hyponatremia; card deficiency; constipation on the MA findings are seizured to ensure the MA findings are: Review on 8/04/21 - 48 year old male at the male a	view and interviews the facility od sugar checks were AR for 1 of 3 clients (#3). The of client #3's record revealed: admitted 3/03/15. Add Schizophrenia; amental Disability, moderate; somnia; hypertension,; iomegaly; anemia; vitamin Doution.					
	August 2021 reveal - Transcription for b and 8:00 pm No documentation checks on 5/30/21, During interview on	olood sugar checks at 7:00 am of 8:00 pm blood sugar 6/2/21, 6/4/21, and 6/13/21. 8/27/21 the Starter stated:					
	night shift checked - Staff did the entire During interview on Professional/Servic understood the requ	ecked client #3's blood sugar; it twice weekly. e blood sugar check process. 8/27/21 the Qualified e Coordinator stated she uirement for blood sugar the physician to be recorded					
	on the MAR.	and physician to be recorded					

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					R		
		MHL040-007	B. WING	08/27/20			
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
DOGWO	OD		WOOD LANE LL, NC 2858				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)	
PRÉFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE	
V 118	Continued From pa	ge 2	V 118				
	This deficiency cons and must be correc	stitutes a re-cited deficiency ted within 30 days.					
V 120	27G .0209 (E) Med	ication Requirements	V 120				
	10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage:						
	(1) All medication s	hall be stored:					
	` '	cked cabinet in a clean, ted room between 59 degrees					
	and 86 degrees Fal	nrenheit;					
	degrees and 46 deg	if required, between 36 grees Fahrenheit. If the					
		for food items, medications eparate, locked compartment					
	or container;						
	(C) separately for e	ach client; xternal and internal use;					
	(E) in a secure man	nner if approved by a physician					
	for a client to self-m (2) Each facility that	redicate. t maintains stocks of					
		es shall be currently e North Carolina Controlled					
	Substances Act, G.	S. 90, Article 5, including any					
	subsequent amend	ments.					
	interview the facility	view, observation and failed to keep refrigerated sed container for 1 of 3 clients					
	. ,	of client #1's record revealed:					

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X2)			(X3) DATE SURVEY COMPLETED	
	MHL040-007		B. WING			R 08/27/2021	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00/2		
DOGWO	OD		VOOD LANE L, NC 2858				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 120	- 80 year old male a - Diagnoses included Intellectual/Develop obesity, cardiomyor, and hypokalemia Physician's order at the control of th	admitted 6/08/93. ad Schizophrenia, mental Disability, moderate, bathy, Hypercholesterolemia signed 4/19/21 for Latanoprost can treat glaucoma), instill 1 bedtime. of client #1's Medication ords for June 2021 - August coriptions for Latanoprost to to each eye at bedtime 7/21 at approximately 11:00 ocked metal box on the refrigerator. roximately 11:20 am of client hand revealed 3 bottles of in the unlocked metal box efrigerator. 8/27/21 the Qualified e Coordinator stated she tions were to be kept securely uld make sure a lock was	V 120				
V 291	27G .5603 Supervis	sed Living - Operations	V 291				
	six clients when the developmental disa on June 15, 2001, a than six clients at the	OPERATIONS cility shall serve no more than clients have mental illness or bilities. Any facility licensed and providing services to more lat time, may continue to no more than the facility's					

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND FLAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:	A. BUILDING:		
		MHL040-007	7 B. WING R		? 7/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DOGWO	OD		WOOD LANE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETE DATE
V 291	maintained between qualified profession treatment/habilitation (c) Participation of Responsible Person provided the opport relationship with he means as visits to the facility. Reports annually to the pare legally responsible Reports may be in conference and shaprogress toward me (d) Program Activitian activity opportunitien needs and the treat Activities shall be dinclusion. Choices or legal system is in safety issues become This Rule is not me Based on observation interview the facility coordination between professionals responsibles.	nation. Coordination shall be in the facility operator and the als who are responsible for on or case management. Ithe Family or Legally in. Each client shall be unity to maintain an ongoing or or his family through such the facility and visits outside is shall be submitted at least ent of a minor resident, or the person of an adult resident. Writing or take the form of a all focus on the client's eeting individual goals. Ites. Each client shall have is based on her/his choices, ment/habilitation plan. The signed to foster community may be limited when the court involved or when health or one a primary concern. Let as evidenced by: Let as evidenced by: Lon, record review, and of alled to maintain en the facility operator and the consible for the clients' clients (#1). The findings are:	V 291			
	- 80 year old male a - Diagnoses include Intellectual/Develop obesity, cardiomyop and hypokalemia.					

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.		R	
			7/2021			
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DOGWO	OD		WOOD LANE LL, NC 2858			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 291	Continued From pa	ge 5	V 291			
	(a wheeled mobility	device).				
V 736	Observation of the approximately 11:00 - A freshly painted of the back of the houback porch A "Rollator" in clie Observation on 8/2 am revealed: - Facility clients and to the facility from a - Client #1 exited the cane for stability Client #1 climbed the side door Client #1 held onto himself up the step stood to his side with the control of the side with	facility on 11/27/21 at 0 am revealed: wheelchair/handicap ramp at se from the driveway to the nt #1's bedroom. 7/21 at approximately 11:35	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a saf	803 LOCATION AND IREMENTS If its grounds shall be e, clean, attractive and orderly e kept free from offensive				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		SURVEY PLETED
MHL040-007	B. WING			R 27/2021
212 DOG	WOOD LANE			
TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	IOULD BE	(X5) COMPLETE DATE
et as evidenced by: on and interview the facility in a safe, clean and attractive ags are: 7/21 at approximately 11:15 vealed: by the back french door was to the vent hole. awer pull on the kitchen				
repair to the hall wall outside om. g of dust to the air return grate dust in a circular pattern on the seiling fan in client #1 and attroom vanity cabinet r, plastic bags, empty wash bottles. de the bathroom vanity apart.				
	MHL040-007 STREET AD 212 DOG' SNOW HI TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) ge 6 et as evidenced by: on and interview the facility in a safe, clean and attractive gs are: 7/21 at approximately 11:15 vealed: by the back french door was to the vent hole. awer pull on the kitchen at appeared to be dead insects the upright freezer. he kitchen cabinets was worn ers dried to the roof the repairs in client #3's bedroom d drywall mud and drywall dust repair to the hall wall outside om. g of dust to the air return grate dust in a circular pattern on the selling fan in client #1 and athroom vanity cabinet r, plastic bags, empty wash bottles. de the bathroom vanity apart.	MHL040-007 STREET ADDRESS, CITY, S 212 DOGWOOD LANE SNOW HILL, NC 2858 TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) ge 6 V 736 Tag as evidenced by: on and interview the facility in a safe, clean and attractive gs are: 7/21 at approximately 11:15 vealed: by the back french door was to the vent hole. awer pull on the kitchen of the refrigerator and upright at appeared to be dead insects the upright freezer. he kitchen cabinets was worn ers dried to the roof the repairs in client #3's bedroom of drywall mud and drywall dust repair to the hall wall outside om. g of dust to the air return grate dust in a circular pattern on the teiling fan in client #1 and . athroom vanity cabinet r, plastic bags, empty wash bottles. de the bathroom vanity apart. bathroom had a heavy	STREET ADDRESS, CITY, STATE, ZIP CODE 212 DOGWOOD LANE SNOW HILL, NC 28580 TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) Ge 6 At as evidenced by: on and interview the facility in a safe, clean and attractive ges are: 7/21 at approximately 11:15 vealed: by the back french door was to the vent hole. at appeared to be dead insects the upright freezer. he kitchen cabinets was worn ers dried to the roof the repairs in client #3's bedroom d drywall mud and drywall dust repair to the hall wall outside om. g of dust to the air return grate dust in a circular pattern on the eliling fan in client #1 and . athroom vanity cabinet r, plastic bags, empty wash bottles. de the bathroom vanity apart. bathroom had a heavy	STREET ADDRESS, CITY, STATE, ZIP CODE 212 DOGWOOD LANE SNOW HILL, NC 28580 TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) TAG TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 736 **TOTAL TAG **TOTAL TAG **TOTAL TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 736 **TOTAL TAG **T

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

NAME OF PROVIDER OR SUPPLIER DOGWOOD STREET ADDRESS, CITY, STATE, ZIP CODE 212 DOGWOOD LANE SNOW HILL, NC 28580 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 736 Continued From page 7 - Heavy coating of dust in a circular pattern on the ceiling around the ceiling fan in the living room Heavy coating of dust on the tops of the curtains in the living room Paint scuffed throughout the facility None of the bedroom windows opened. During interview on 8/27/21 client #3 stated there were holes in his bedroom walls "for a long time" and that the maintenance staff had fixed them.		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 212 DOGWOOD LANE SNOW HILL, NC 28580 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 736 Continued From page 7 - Heavy coating of dust in a circular pattern on the ceiling around the ceiling fan in the living room. - Heavy coating of dust on the tops of the curtains in the living room. - Paint scuffed throughout the facility. - None of the bedroom windows opened. During interview on 8/27/21 client #3 stated there were holes in his bedroom walls "for a long time" and that the maintenance staff had fixed them.				A. BOILDING.		R		
CX4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG COntinued From page 7 V 736 Continued From page 7 Leavy coating of dust in a circular pattern on the ceiling around the ceiling fan in the living room. - Heavy coating of dust on the tops of the curtains in the living room Paint scuffed throughout the facility None of the bedroom windows opened. During interview on 8/27/21 client #3 stated there were holes in his bedroom walls "for a long time" and that the maintenance staff had fixed them.			MHL040-007	B. WING				
CAU ID PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG COMPLETE DEFICIENCY COMPLETE DEFICIENCY	NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 736 Continued From page 7 - Heavy coating of dust in a circular pattern on the ceiling around the ceiling fan in the living room. - Heavy coating of dust on the tops of the curtains in the living room. - Paint scuffed throughout the facility. - None of the bedroom windows opened. During interview on 8/27/21 client #3 stated there were holes in his bedroom walls "for a long time" and that the maintenance staff had fixed them.	DOGWO	OD						
- Heavy coating of dust in a circular pattern on the ceiling around the ceiling fan in the living room Heavy coating of dust on the tops of the curtains in the living room Paint scuffed throughout the facility None of the bedroom windows opened. During interview on 8/27/21 client #3 stated there were holes in his bedroom walls "for a long time" and that the maintenance staff had fixed them.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE	
During interview on 8/27/21 the Qualified Professional/Service Coordinator stated: - The maintenance staff was at the facility 8/26/21 working on the repairs to the walls. - She was not sure how long the walls needed repair. - It was not normal for there to be trash in the bathroom vanity cabinet; she did not know why it was in the cabinet or who put it there. - She understood the wrinkles in the living room carpet presented a tripping hazard. - She saw the dust patterns around the ceiling fans and the dust on top of the living room curtains. - She could not open any of the bedroom windows.	V 736	- Heavy coating of ceiling around the living room. - Paint scuffed through the ceiling interview on were holes in his becand that the mainter ceiling interview on Professional/Service. - The maintenance working on the reparation on the reparation of the ceiling around the cabinet ceiling around the	dust in a circular pattern on the ceiling fan in the living room. dust on the tops of the curtains aughout the facility. Som windows opened. 8/27/21 client #3 stated there edroom walls "for a long time" nance staff had fixed them. 8/27/21 the Qualified e Coordinator stated: staff was at the facility 8/26/21 airs to the walls. how long the walls needed for there to be trash in the binet; she did not know why it or who put it there. The wrinkles in the living room tripping hazard. patterns around the ceiling in top of the living room	V 736	DELIGITACITY			

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